

CSED - Child Support Enforcement Referral Detail

This screen displays household specific information required to complete the Foster Care Child Support Enforcement referral. This screen is also used to identify the individual granting the assignment of rights.

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CAFSCSED          CHILD SUPPORT ENFORCEMENT REFERRAL DETAIL 02/26/2007    16:25
USER ID : CS4566   MODIFY                                     PAGE NO:    1
CAPS ID : 00001300    25   NAME: HARRIS, MELISSA

SEARCHS CASE/PARTICIPANT ID:
REFERRAL DATE      :
SOCIAL/PLACING WORKER : C74142SM SOCIAL          WORKER
OFFICE ADDRESS LINE1 : PO BOX 817
                     LINE2 : 316 N PARK
CITY/STATE/ZIP CODE : HELENA                      MT  59624 -
PHONE NUMBER       : 406  444-2030
ALL FAMILY MEMBERS ASSOCIATED WITH THIS REFERRAL:
CAPS ID  ROLE  FIRST NAME  MI  LAST NAME          SSN      DOB      SEX
00001300  CHLD  MELISSA    HARRIS          516-01-5432  04/19/1991  F
00001302  BMRM  MONIQUE   HARRIS          516-65-4321  01/15/1972  F
00001301  BFRF  MICHAEL   HARRIS          516-98-7654  12/17/1974  M

SIGNATURE ON ASSIGNMENT OF RIGHTS:
REL      FIRST NAME  MI  LAST NAME          DATE SIGNED  IV-E(Y/N)
W        MARY        C   REYNOLDS          07/06/2006   N

                                     PATH:
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Field Descriptions (F12) indicates code lookup is available.

CAPS ID

This field will display the CAPS ID of the client that was entered on the SIID (SEARCHS Initial Inquiry Detail) screen.

NAME

This field will display the name of the client whose CAPS ID is entered in the CAPS ID field.

SEARCHS CASE/PARTICIPANT ID

This field will display the SEARCHS case number and SEARCHS participant ID for the child, if they are known to SEARCHS.

REFERRAL DATE

This field will display the date the child support referral was made.

SOCIAL/PLACING WORKER

This field will display the C number and name of the assigned worker for the child.

OFFICE ADDRESS LINE1

This field will display the first line of the assigned worker's office address.

OFFICE ADDRESS LINE2

This field will display the second line of the assigned worker's office address.

CITY/STATE/ZIP CODE

This field will display the city, state and zip code of the assigned worker's office address.

PHONE NUMBER

This field will display the phone number for the assigned worker.

ALL FAMILY MEMBERS ASSOCIATED WITH THIS REFERRAL:

CAPS ID

This field will display the CAPS ID of the child and the CAPS IDs of any "parental" relationships that have been entered on the RELL (Relationship List) screen. *In order to continue with the child support referral process, at least one parent must be listed.*

ROLE

This field will display the relationship code for the person displayed in the CAPS ID field. *This field will display CHLD for the child and parental codes for the parent(s).*

FIRST NAME

This field will display the first name for the person displayed in the CAPS ID field.

MI

This field will display the middle initial for the person displayed in the CAPS ID field.

LAST NAME

This field will display the last name for the person displayed in the CAPS ID field.

SSN

This field will display the social security number for the person displayed in the CAPS ID field.

DOB

This field will display the date of birth for the person displayed in the CAPS ID field.

SEX

This field will display the sex code for the person displayed in the CAPS ID field.

SIGNATURE ON ASSIGNMENT OF RIGHTS: - *the assignment of rights is identifying who is authorizing SEARCHS to collect child support on behalf of this child and the agency.*

REL (F12)

Enter the relationship code for the person who is assigning rights to collect child support to SEARCHS. *This will typically be "W" for Social Worker.*

FIRST NAME

Enter the first name of the person who is assigning rights to collect child support to SEARCHS.

MI

Enter the middle initial of the person who is assigning rights to collect child support to SEARCHS. *This is optional.*

LAST NAME

Enter the last name of the person who is assigning rights to collect child support to SEARCHS.

DATE SIGNED

Enter the date the assignment of rights was made. *This will typically be the day you are completing the referral.*

IV-E (Y/N)

This field will display a "Y" (yes) if the child is currently IV-E eligible or a "N" (no) if the child is currently not IV-E eligible.

Additional Information

None.